

Thromboprophylaxis for Venous Thromboembolism (VTE)
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DATE ____/____/____ TIME _____
 DD MM YYYY

WEIGHT: _____ KG HEIGHT _____ CM

ALLERGY CAUTION sheet reviewed

Patient Care

Postpartum VTE Risk Assessment on Postpartum Orders Completed

▶ **Delivery Date:** _____ **Time:** _____

Mechanical Prophylaxis:

INTERMEDIATE and HIGH RISK:

- Sequential Compression Devices (SCD)
- ▶ **Mobilize early and avoid dehydration**

Medications

Pharmacologic Prophylaxis:

dalteparin 5000 unit subcutaneously once daily

▶ **Individualized dose:**

dalteparin 7500 unit subcutaneously (use current BMI equal to or greater than 40) once daily

dalteparin 2500 unit subcutaneously (for eGFR less than 30mL/min or weight equal to or less than 40 kg) once daily

▶ **DO NOT administer LMWH within 2 hours of epidural catheter removal**

▶ **See contraindications to low molecular weight heparin (LMWH) on reverse side**

Intermediate Risk:

Frequency

Standard 6 hours post-delivery. Date: _____ Time: _____

OR

Delay initial dose until Date: _____ Time: _____

▶ **THEN give dose once, daily (minimum of 24 hours after initial dose)**

1000 hours ***OR*** 2200 hours

▶ **Start Date:** _____

▶ **Review for need for further prophylaxis after 72 hours if still in hospital**

High Risk:

▶ **Individual orders are based on antepartum consultation letter for pharmacologic prophylaxis recommendations (write order on blank prescriber's orders)**

At Discharge

For Intermediate Risk: Discontinue prophylaxis at discharge

For High Risk: Continue pharmacologic treatment for 6 weeks (prescription)

Signature: _____ Print Name: _____

College ID: _____ Pager: _____

BC Women's Prescriber's Orders Postpartum - Cesarean Births

Allergy _____

DATE dd/MON/yyyy		TIME hh:mm		WEIGHT kilograms (kg)		HEIGHT centimetres					
Pharmacy Use Only	Checkmark All Tick Boxes That Apply.						Noted By RN/ UC				
	1. Postpartum Admission <ul style="list-style-type: none"> ▪ Activity as tolerated, and sips to diet as tolerated ▪ Remove foley after 12 hours post – operative ▪ Remove staples post-operative day <input type="checkbox"/> 2 <input type="checkbox"/> 3 Other _____ ▪ Intravenous (IV) D5W normal saline, infuse at 80 millilitres (mL)/ hour 										
	Medication		Dose		Route		Frequency		Indication		
	2. Administered by Registered Nurse (RN)										
	<input type="checkbox"/>	Oxytocin _____ units		IV		once in first litre		for bleeding			
		<ul style="list-style-type: none"> ▪ Discontinue IV if bowel sounds are present and drinking well ▪ If IV needed for medications, change to saline lock 									
	<input type="checkbox"/>	Glycerin suppository		one		per rectum		once daily as needed (prn)		constipation/gas	
	<input type="checkbox"/>	Magnolax		30 mL		orally		once daily prn		constipation/gas	
	<input type="checkbox"/>	Phosphate enema (Fleet)		one		per rectum		once prn		constipation	
		Rh negative (-) maternal blood group: (Check consent for Rh immune globulin on chart)								If newborn is Rh positive or	
	<input type="checkbox"/>	Rh immune globulin		120 micrograms		intramuscularly		once		<input type="checkbox"/> unknown	
	<input type="checkbox"/>	MMR Vaccine (Measles-Mumps-Rubella)		0.5 mL		subcutaneously		once		Rubella non-immune	
	3. Woman's Self - Administered Medications at RNs Discretion or Administered by RN. Or <input type="checkbox"/> Do not self - administer medications.										
	<input type="checkbox"/>	Docusate		100 milligrams		orally		twice daily prn		stool softener	
	<input type="checkbox"/>	Anusol HC tube or substitute		one		apply rectally		twice daily & after bowel movement prn		hemorrhoids	
	Additional Medications to Start 48 hours Post - operatively										
	4. Medication administered by RN only.										
	<input type="checkbox"/>	Hydromorphone		2 - 4 milligrams		orally		every 4 hours prn		break-through pain	
	5. Woman's Self - Administered Medications at RNs Discretion or Administered by RN. Or <input type="checkbox"/> Do not self - administer medications.										
	<input type="checkbox"/>	Acetaminophen		325 - 650 milligrams		orally		every 4 - 6 hours prn maximum 4 grams in 24 hours		pain	
	<input type="checkbox"/>	Ibuprofen		400 milligrams		orally		every 4 - 6 hours prn		pain	
	6. Venous Thromboembolism (VTE) Risk Assessment (COMPLETE reverse side) <input type="checkbox"/> Low Risk <input type="checkbox"/> Intermediate/ High Risk (Obtain & complete Postpartum VTE Orders BCW210)										
	7. Physician responsible for care postoperative day:										
	#1	_____				#3	_____				
	#2	_____				#4	_____				
	Physician's Signature _____ CPSID# _____										
	Print name _____ Pager Number _____										

Photocopy and send to Pharmacy

POSTPARTUM RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

Following delivery the prescriber completes the Postpartum Risk Assessment.

(✓ Checkmark all tick boxes that apply.)

No Risk Factors

- Pre-existing**

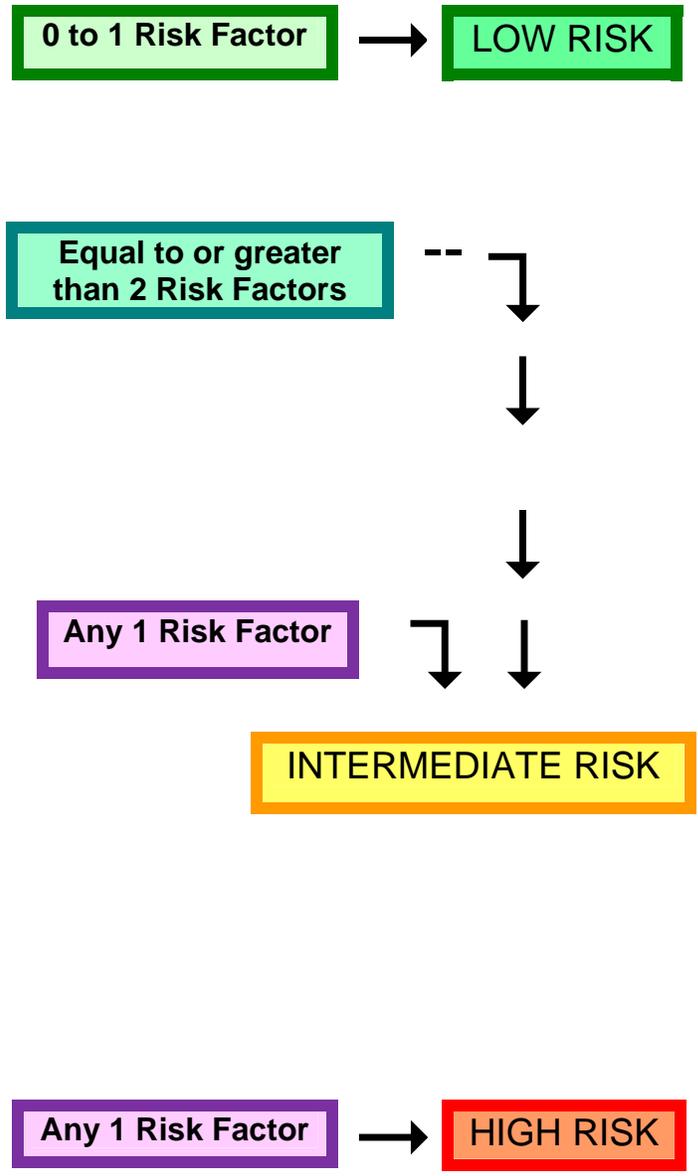
 - Age greater than or equal to 35 years
 - Gross varicose veins
 - Obesity, pre-pregnant BMI greater than or equal to 30 kg/m²
 - Smoker (current)

Postpartum

 - Anticipated immobility
 - Elective cesarean section
 - Forceps with vaginal trauma
 - PPH greater than 1 litre or blood transfusion
 - Prolonged active labour (greater than 24 hours)
 - Surgical procedure in postpartum

- Antenatal immobility greater than 7 days
 - Cesarean section in active labour
 - Intravenous drug use
 - Obesity, current BMI greater than 40 kg/m²
 - Medical co-morbidities including:
 - Acute medical illness/ sepsis
 - Autoimmune disease/ SLE
 - Cancer
 - Current active systemic infection
 - Heart or lung disease
 - Nephrotic syndrome
 - Pre-eclampsia

- Previous DVT/ PE
 - Treatment with therapeutic antenatal LMWH
 - Asymptomatic thrombophilia, consult specialist



Key:

BMI = body mass index

DVT = deep vein thrombosis

kg = kilogram

LMWH = low molecular weight heparin

m = metre

PE = pulmonary edema

PPH = postpartum hemorrhage

SLE = Systemic lupus erythematosus